09/18/2008 17:04

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### **FEC** FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2007 06 30 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 09 18 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

801023.18

Write or Type Committee Name American Hospital Association PAC D D " D 0.6 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 1038787.58 January 1 (b) Cash on Hand at 886851.06 Begining of Reporting Period ..... 120007.24 468931.16 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1006858.30 1507718.74 6(a) and 6(c) for Column B) ..... 205835.12 706695.56 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of

9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

(subtract Line 7 from Line 6(d)) .....

Reporting Period

0.00

801023.18

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

		v		U		
				0	.00	
	0	0		0		

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	36596.86	150658.90
	(ii) Unitemized	33079.51	86064.94
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	69676.37	236723.84
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6250.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	69676.37	242973.84
2.	Transfers From Affiliated/Other Party Committees	50000.00	223900.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	330.87	2057.32
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	120007.24	468931.16
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	120007.24	468931.16

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBUF	RSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expen (a) Shared Fed			
Activity (from	n Schedule H4)	0.00	0.00
(ii) Non-Fe	ederal Share	0.00	0.00
(b) Other Feder Expenditure	ral Operating	285.12	3592.46
	ting Expenditures ), (a)(ii) and (b))	285.12	3592.46
22. Transfers to Affil	iated/Other Party		
3. Contributions to		0.00	0.00
and Other Politic	tes/Committeesal Committees	205550.00	702350.00
<ol> <li>Independent Exp (use Schedule E</li> </ol>	)	0.00	0.00
Committees (2 U	enditures Made by Party I.S.C. 441a(d))	0.00	0.00
26. Loan Repayment	s Made	0.00	0.00
		0.00	0.00
	ributions To: Persons Other al Committees	0.00	750.00
(b) Political Par	ty Committees	0.00	0.00
` '	cal Committees	0.00	0.00
` '	bution Refunds 28(a), (b), and (c))	0.00	750.00
9. Other Disbursen	nents	0.00	3.10
(a) Shared Fede	Activity (2 U.S.C 431(20)) eral Election Activity		
(from Sched (i) Federal S	Share	0.00	0.00
(ii) "Levin" (	Share	0.00	0.00
, ,	ction Activity Paid Entirely	0.00	0.00
, ,	al Election Activity (add )(i), 30(a)(ii) and 30(b))	0.00	0.00
	nents (add Lines 21(c), 22, 27, 28(d), 29 and 30(c))	205835.12	706695.56
2. Total Federal D	isbursements		
	1(a)(ii) and Line 30(a)(ii)	205835.12	706695.56

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	69676.37	242973.84
34.	Total Contribution Refunds (from Line 28(d))	0.00	750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	69676.37	242223.84
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	285.12	3592.46
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	285.12	3592.46

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Edward Andersen		Date of Receipt
	Mailing Address 100 East LeFevre Roa	-	06 04 2007
	City Sterling	State Zip Code IL 61081-1279	Transaction ID: 14233056  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer CGH Medical Center	Occupation President and Chief Executive Office	er
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings Mailing Address 2829 Cheswick Rd.		Date of Receipt
			06 04 2007
	City Quincy	State Zip Code IL 62301-6380	Transaction ID: 14233057  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Blessing Hospital	Occupation President and Chief Executive Office	er
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
С. С.	Full Name (Last, First, Middle Initial) Mr. Darrell Blaylock		Date of Receipt
	Mailing Address 859 Sanctuary Blvd		0 6 0 4 Y Y Y Y Y Y
	City Lake Villa	State Zip Code IL 60046-7846	Transaction ID: 14233058
	FEC ID number of contributing federal political committee.	IL 60046-7846	Amount of Each Receipt this Period  250.00
	Name of Employer Vista Medical Center East	Occupation Chief Operating Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		1000.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 92 (check only one)  X 11a 11b 11c 12 15 16 17
A C	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to s	of for the purpose of soliciting contributions solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Mr Edgar J Curtis, , R.N. Mailing Address 701 North First Street City	State Zip Code	Date of Receipt    M
	Springfield  FEC ID number of contributing federal political committee.	IL 62781-0001	Amount of Each Receipt this Period 500.00
	Name of Employer Memorial Health System  Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date   500.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Forrest G Hester Mailing Address Post Office Box 569		Date of Receipt  0 6 0 4 2 0 0 7
	City <u>Lincoln</u> FEC ID number of contributing federal political committee.	State Zip Code  IL 62656-0569  C	Transaction ID: 14233066  Amount of Each Receipt this Period  250.00
	Name of Employer Abraham Lincoln Memorial Hospital Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date  250.00	
- ).	Full Name (Last, First, Middle Initial)  Mr Robert W Kay  Mailing Address 701 North First Street		Date of Receipt  O 6 0 4 2 0 0 7
	City Springfield	State Zip Code IL 62781-0001	Transaction ID: 14233069  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Memorial Medical Center	Occupation	250.00
	Memorial Médical Center  Receipt For:  Primary General  Other (specify) ▼	Senior Vice President and Chief Finan Aggregate Year-to-Date ▼  250.00	<u>c</u>
	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Leonard, , M.D. Mailing Address 611 West Park Street  City Urbana	State Zip Code IL 61801-2500	Date of Receipt  M M M / D D / Y Y Y Y Y  0 6 0 4 2 0 0 7  Transaction ID: 14233072  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Carle Foundation Hospital	C	250.00
Receipt For: Primary General Other (specify)	President and Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Ms. Barbara J Martin, , R.N. Mailing Address 2615 Washington Stre	pet	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14233075
Waukegan	IL 60085-4980	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Vista Medical Center West	Occupation  President and Chief Executive Officer	r
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Patrick O'Connor		Date of Receipt
Mailing Address 660 North Westmorela	and	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14233078
Lake Forest	IL 60045-1659	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lake Forest Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		750.00

Wheaton  FEC ID number of contributing federal political committee.  Name of Employer Marianjoy Rehabilitation Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms Jody Abbott Mailing Address 811 West 62nd Street  City St. Kansas City M	ats may not be sold or used by any person and address of any political committee to some action of the solution of the solutio	Date of Receipt
American Hospital Association PAC  Full Name (Last, First, Middle Initial) Ms. Kathleen C Yosko Mailing Address P O Box 795  City St Wheaton IL  FEC ID number of contributing federal political committee.  Name of Employer Marianjoy Rehabilitation Hospital Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms Jody Abbott Mailing Address 811 West 62nd Street  City St Kansas City M  FEC ID number of contributing	ate Zip Code	╡ '
Ms. Kathleen C Yosko  Mailing Address P O Box 795  City St  Wheaton IL  FEC ID number of contributing federal political committee.  Name of Employer Marianjoy Rehabilitation Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms Jody Abbott  Mailing Address 811 West 62nd Street  City St  Kansas City M  FEC ID number of contributing	ate Zip Code	╡ '
City Wheaton IL  FEC ID number of contributing federal political committee.  Name of Employer Marianjoy Rehabilitation Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms Jody Abbott Mailing Address 811 West 62nd Street  City St. Kansas City M	ate Zip Code	
Wheaton  FEC ID number of contributing federal political committee.  Name of Employer Marianjoy Rehabilitation Hospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms Jody Abbott Mailing Address 811 West 62nd Street  City St Kansas City M  FEC ID number of contributing	ate Zip Code	06 04 2007
FEC ID number of contributing federal political committee.  Name of Employer Marianjoy Rehabilitation Hospital Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms Jody Abbott Mailing Address 811 West 62nd Street  City St Kansas City M FEC ID number of contributing	00400 0705	Transaction ID: 14233080
Full Name (Last, First, Middle Initial)  Manue of Employer Marianjoy Rehabilitation Hospital  Receipt For:  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms Jody Abbott  Mailing Address 811 West 62nd Street  City  Kansas City  FEC ID number of contributing	60189-0795	Amount of Each Receipt this Period
Hospital Receipt For:		250.00
Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial) Ms Jody Abbott Mailing Address 811 West 62nd Street  City Kansas City  FEC ID number of contributing	upation sident and Chief Executive Officer	1
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms Jody Abbott Mailing Address 811 West 62nd Street  City St Kansas City M  FEC ID number of contributing	regate Year-to-Date	1
Ms Jody Abbott  Mailing Address 811 West 62nd Street  City St  Kansas City M  FEC ID number of contributing	250.00	
City St  Kansas City M  FEC ID number of contributing		Date of Receipt
Kansas City M FEC ID number of contributing		0 6 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing	ate Zip Code	Transaction ID: 14236975
	O 64113-1503	Amount of Each Receipt this Period
federal political committee.		250.00
North Kanca's City Hospital	upation ef Operating Officer	1
Receipt For: Primary General Other (specify)	regate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Brian A Gragnolati, , FACHE		Date of Receipt
Mailing Address 8600 Old Georgetown Road		06 15 2007
•	ate Zip Code	Transaction ID: 14249782
Bethesda M	D 20814-1422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Suburban Hacrital Haaltha	upation sident and Chief Executive Officer	1
Receipt For: Agg	regate Year-to-Date ▼	]
Primary General Other (specify) ▼	250.00	Contribution
SUPTOTAL of Possints This Page (antional)		
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 92 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Frederick H Kuriger  Mailing Address 243 Elm Street  City Claremont  FEC ID number of contributing federal political committee.  Name of Employer Valley Regional Hospital  Receipt For: Primary General Other (specify)	State Zip Code NH 03743-2099  C  Occupation Senior Vice President and Chief Oper Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 14250141  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Mr. Reginald J. Lavoie  Mailing Address Swiftwater Road  City Woodsville  FEC ID number of contributing federal political committee.  Name of Employer Cottage Hospital  Receipt For: Primary General Other (specify)	State Zip Code NH 03785-2001  C  Occupation Administrator  Aggregate Year-to-Date  250.00	Date of Receipt  M M J D D J Z D O 7  Transaction ID: 14250142  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Mr. Steven Monette  Mailing Address 243 Elm Street  City Claremont  FEC ID number of contributing federal political committee.  Name of Employer Valley Regional Hospital  Receipt For: Primary General Other (specify)	State Zip Code NH 03743-4921  C  Occupation Chief Financial Officer  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 92 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Scott W Howe Mailing Address 173 Middle Street City	State Zip Code	Date of Receipt    M M
Lancaster  FEC ID number of contributing federal political committee.	NH 03584-3508	Amount of Each Receipt this Period  250.00
Name of Employer Weeks Medical Center  Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. Russell G Keene Mailing Address 59 Page Hill Road		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Berlin	State Zip Code NH 03570-3542	Transaction ID: 14250145  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Androscoggin Valley Hospital Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. Bradford W Dykes		Date of Receipt
Mailing Address 2900 West 16th St	reet	0 6 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bedford	State Zip Code IN 47421-3510	Transaction ID: 14250697  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bedford Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	al)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAG	d Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Martin Padgett Mailing Address 1606 Fox Run Trail  City Jeffersonville  FEC ID number of contributing federal political committee.  Name of Employer Clark Memorial Hospital  Receipt For:	State Zip Code IN 47130-8204  C  Occupation President and Chief Executive Officer	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 14250698  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Timothy A Flesch Mailing Address 3700 Washington A City	venue State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Evansville  FEC ID number of contributing federal political committee.  Name of Employer St. Mary's Medical Center of Evansvill  Receipt For:  Primary General	IN 47750-0001  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	Transaction ID: 14250699  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. David L Callecod, , FACHE  Mailing Address 441 North Wabash		Date of Receipt
City Marion	State Zip Code IN 46952-2612	0 6 1 5 2 0 0 7  Transaction ID: 14250706  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Marion General Hospital	Occupation President and Chief Executive Officer	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PA	С	
Full Name (Last, First, Middle Initial) Gary A Meyer		Date of Receipt
Mailing Address 2280 Locust Court		06 15 2007
City	State Zip Code	Transaction ID: 14250707
Seymour	IN 47274-8672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Schneck Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Dennis W Dawes, , FACHE		Date of Receipt
Mailing Address 1000 E. Main St.		0 6 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 14250711
<u>Danville</u>	IN 46122-1948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hendricks Regional Health	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Douglas J Leonard		Date of Receipt
Mailing Address One American Squ Post Office Box 82	uare, Suite 1900 063	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14250712
Indianapolis	IN 46282-0200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Indiana Hospital Associat- ion	Occupation Hospital President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
		1050.00
SUBTOTAL of Receipts This Page (option	al)	1250.00
TOTAL This Period (last page this line nur	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 92 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Greg W Lintjer Mailing Address 53308 Monticola Ln.		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14250713
Bristol  FEC ID number of contributing federal political committee.	IN 46507-9692	Amount of Each Receipt this Period 500.00
Name of Employer Elkhart General Healthcare System Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation President  Aggregate Year-to-Date   500.00	]
Full Name (Last, First, Middle Initial) Ms. Linda E White Mailing Address 5505 Timberlake Cou	ırt	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14250714
Evansville  FEC ID number of contributing	IN 47710-4134	Amount of Each Receipt this Period 500.00
federal political committee.	C	
Name of Employer Deaconess Health System	Occupation President and Chief Executive Officer	r
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon		Date of Receipt
Mailing Address 220 Windy Ridge		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14253265
Hollister FEC ID number of contributing federal political committee.	MO 65672-5725	Amount of Each Receipt this Period  42.00
Name of Employer Skaggs Community Health Center	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  252.00	
SUBTOTAL of Receipts This Page (optional)		1042.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 92 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr Curt Kretzinger		Date of Receipt
Mailing Address 12065 Nicklaus Cour		0 6 1 8 2 0 0 7
City	State Zip Code	Transaction ID: 14253343
Saint Joseph  FEC ID number of contributing federal political committee.	MO 64505-8583	Amount of Each Receipt this Period 300.00
Name of Employer Heartland Regional Medical	Occupation Chief Operating Officer	
Center Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) Mr. Earl Rogers		Date of Receipt
Mailing Address 1675 Terrell Mill Roa	d	0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14265630
<u>Marietta</u>	GA 30067-8339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Senior VP, Government Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. R. Tim Stack, , FACHE		Date of Receipt
Mailing Address 2001 Peachtree Rd N	NE, 400	06 19 7 2007
City Atlanta	State Zip Code GA 30309-1476	Transaction ID: 14265634  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Piedmont Healthcare	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUPTOTAL of Possints This Page (entional)		1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 92 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and S	Statements may		13 14 15 16
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Larry Sanders, , FACHE			Date of Receipt
Mailing Address 707 Center Street, Sui	te 400		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14265640
Columbus	GA	31901-1526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Columbus Regional Healthc-	Occupatio	n	
are System	Chairma	n and Chief Executive Office	<u>r</u>
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mr. Keith Sandlin			Date of Receipt
Mailing Address P O Box 200008			06 19 7 2007
City	State	Zip Code	Transaction ID: 14265642
<u>Cartersville</u>	GA	30120-9001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Emory Cartersville Medical Center	Occupatio Chief Exc	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Karen Waters			Date of Receipt
Mailing Address 1569 Asheforde Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14265648
<u>Marietta</u>	GA	30068-1850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Georgia Hospital Associat- ion	Occupatio Vice Pres	n sident, Professional Services	3
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
	<u> </u>		1000.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 92 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Temple Sellers  Mailing Address 1782 Briar Lake Circle  City  Decatur  FEC ID number of contributing federal political committee.  Name of Employer Georgia Hospital Association  Receipt For:	State Zip Code GA 30033-1110  C  Occupation Regulatory Legislative Counsel Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms Holly Bates Snow Mailing Address 4402 Candler Lake Ea	250.00 st	Date of Receipt
City	State Zip Code	0 6 1 9 2 0 0 7  Transaction ID: 14265671
Atlanta	GA 30319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Piedmont Healthcare	Occupation Vice President Government and Exte	ernal
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Benjamin Underwood		Date of Receipt
Mailing Address 2104 Murren Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14265673
Smyrna	GA 30080-6520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Talbott Recovery Campus	Occupation President & Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16 1	
or for commercial purposes, other than using t	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Robert M Trimm		Date of Receipt	
Mailing Address P O Box 139  City	State Zip Code	0 6 1 9 2 0 0 7  Transaction ID: 14265674	
Waycross	GA 31502-0139	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Satilla Regional Medical Center Receipt For:	Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial) Mr. W. Daniel Barker	1	Date of Receipt	
Mailing Address 50 South Prado NE		06 19 2007	
City	State Zip Code	Transaction ID: 14265677	
<u>Atlanta</u>	GA 30309-3309	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Wesley Woods Center of Em- ory Universit	Occupation Administrator		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Mr. Kevin Bloye		Date of Receipt	
Mailing Address 2813 Bakers Bridge	Drive	0 6 1 9 2 0 0 7	
City	State Zip Code	Transaction ID: 14265679	
<u>Douglasville</u>	GA 30134-862	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Georgia Hospital Associat- ion	Occupation Vice President of Public Relations		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
SUBTOTAL of Receipts This Page (optional)		750.00	
TOTAL This Period (last page this line numb	<u> </u>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 92 (check only one)    X
An	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Cal Calhoun Mailing Address 85 Rumson Court City	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	Smyrna	GA	30080-8009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Georgia Hospital Association Receipt For:  Primary  Other (specify) ▼	<del>- '</del>	n sident, Financial Services Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Robert E. Bolden Mailing Address 900 Powers Ferry Road	d		Date of Receipt
	Suite 104 City	State	Zip Code	0 6 1 9 2 0 0 7 Transaction ID: 14265683
	Marietta	GA	30067-5774	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Director	n of Fiscal Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Ms. Cindy R Turner			Date of Receipt
	Mailing Address P O Drawer 1987			0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14265684
	Alma	GA	31510-1987	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Bacon County Hospital and Health Syste		ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 20/92   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. O.J. Booker			Date of Receipt
Mailing Address P O Box 1068			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Forsyth	State GA	Zip Code 31029-1068	Transaction ID: 14265685  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Monroe County Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA			Date of Receipt
Mailing Address 4002 Sunhill Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Woodstock	State GA	Zip Code 30189-2561	Transaction ID: 14265692  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00100 2001	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Senior Vi	n ice President & CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Lance B Duke, , FACHE			Date of Receipt
Mailing Address P O Box 951			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14265694
Columbus  FEC ID number of contributing federal political committee.	GA C	31902-0951	Amount of Each Receipt this Period 250.00
Name of Employer Medical Center, The	Occupation President	n t and Chief Executive Office	<del>-</del>
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any perso name and address of any political committee to	
American Hospital Association PAC		_
Full Name (Last, First, Middle Initial)  Mr. Donald R Avery, , FACHE  Mailing Address 200 Industrial Blvd.		Date of Receipt
Mailing Address 200 Industrial Bivd.		06 19 2007
City	State Zip Code	Transaction ID: 14265695
<u>Dublin</u>	GA 31021-2981	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fairview Park Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Danae Gambill		Date of Receipt
Mailing Address 1345 Towne Lake Hills 2000-402	S. Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14265700
Woodstock	GA 30189-5350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Georgia Hospital Associat- ion	Occupation Director of Government Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Gerald N Fulks		Date of Receipt
Mailing Address 1514 Vernon Road		06 19 7 9 2007
City	State Zip Code	Transaction ID: 14265706
<u>Lagrange</u>	GA 30240-4131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer West Georgia Health System	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information copied from such Reports a	and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  on for the purpose of soliciting contributions
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)  American Hospital Association PA	<u> </u>	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Lynn Hale  Mailing Address 2016 Harbor Fores	st Drive		Date of Receipt
City	State	Zip Code	0 6 1 9 2 0 0 7  Transaction ID: 14265709
Marietta	GA	30064-8378	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Georgia Hospital Association Receipt For:  Primary  General  Other (specify) ▼		t to the President  Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Mr. Richard Howerton  Mailing Address 3365 W Paces Fel	erry Ct NW		Date of Receipt
			06 19 2007
City Atlanta	State GA	Zip Code 30327-2228	Transaction ID: 14265713
FEC ID number of contributing federal political committee.	C	30321-2220	Amount of Each Receipt this Period 250.00
Name of Employer VHA Georgia, Inc.	Occupatio Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Don Campbell, , M.D.			Date of Receipt
Mailing Address 677 Church Street	t		0 6 1 9 2 0 0 7
City <u>Marietta</u>	State GA	Zip Code 30060-1101	Transaction ID: 14265724  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer WellStar Kennestone Hospi- tal	Occupatio Senior V	n ice President Physician Serv	ric
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 92 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Ms. Martha Harrell  Mailing Address 109 Springs Drive			Date of Receipt  0 6 1 9 2 0 0 7
City Roswell  FEC ID number of contributing federal political committee.	State GA	Zip Code 30075-4825	Transaction ID: 14265728  Amount of Each Receipt this Period  250.00
Name of Employer Georgia Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ational Services e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Judy McClenaghan Mailing Address 2806 Octabia Lane			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marietta	State GA	Zip Code 30062-4924	Transaction ID: 14265733  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	- <del>'</del>	nent Relations Assistant e Year-to-Date  250.00	]
Full Name (Last, First, Middle Initial) Ms. Michelle Anne Williams			Date of Receipt
Mailing Address 4130 Brookview Driv	⁄e		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Atlanta	State GA	Zip Code 30339-4649	Transaction ID: 14265734  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Alston & Bird LLP	Occupatio Attorney	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 92 (check only one)    X   11a
or for commercial purposes, other that	ports and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	on PAC	
Full Name (Last, First, Middle Initi Mr. G. Lamar Lyle  Mailing Address Post Office E		Date of Receipt
		06 19 2007
City <u>Dalton</u>	State Zip Code GA 30722-0044	Transaction ID: 14265740  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hamilton Medical Center	Occupation Board Chairman	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initi Ms. Dorothy Vi B. Naylor  Mailing Address 190 Hunting	<u> </u>	Date of Receipt
City		06 19 2007
Marietta	State Zip Code GA 30068-3416	Transaction ID: 14265746  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Executive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initi Mr. Chuck H Orrick	al)	Date of Receipt
Mailing Address 102 Hospital	Circle	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14265751
<u>Donalsonville</u> FEC ID number of contributing federal political committee.	GA 39845-1100	Amount of Each Receipt this Period 250.00
Name of Employer Donalsonville Hospital	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(optional)	1250.00
	ne number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 92 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. A. Don Faulk, , Jr., FAC Mailing Address P O Box 6000  City	State	Zip Code	Date of Receipt    M M
Macon FEC ID number of contributing federal political committee.	GA C	31208-6000	Amount of Each Receipt this Period  500.00
Name of Employer Central Georgia Health System Receipt For:  Primary  Other (specify)   ■	<del> </del>	t and CEO  • Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Mr. William T Moore Mailing Address 3014 Castle Pines	Drive		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14265765
Duluth  FEC ID number of contributing federal political committee.	GA C	30097-2039	Amount of Each Receipt this Period  250.00
Name of Employer Atlanta Medical Center	Occupation Chief Exe	n ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	<del>- + +</del>	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Rhett Partin			Date of Receipt
Mailing Address 1675 Terrell Mill Ro	oad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14265767
Marietta  FEC ID number of contributing federal political committee.	GA C	30067-8339	Amount of Each Receipt this Period  250.00
Name of Employer Georgia Hospital Associat- ion Receipt For:	<del>- ' '</del>	n rector, Center for Rural Healt e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
SUBTOTAL of Receipts This Page (options	al)	<b></b>	1000.00
TOTAL This Period (last page this line num	nber only)	<b>)</b>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 26/92   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Mr. Glenn Pearson			Date of Receipt
Mailing Address 660 Crossfire Ridge	)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marietta	State GA	Zip Code 30064-1393	Transaction ID: 14265768
FEC ID number of contributing federal political committee.	C	30004-1393	Amount of Each Receipt this Period  500.00
Name of Employer Georgia Hospital Associat- ion	Occupatio Executive	n e Vice President	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Joseph A. Parker			Date of Receipt
Mailing Address 3497 Mill Bridge Dri	ve		0 6 1 9 2 0 0 7
City Marietta	State GA	Zip Code 30062-5598	Transaction ID: 14265770
FEC ID number of contributing federal political committee.	C	30002-3390	Amount of Each Receipt this Period  500.00
Name of Employer Georgia Hospital Associat- ion	Occupatio Presiden	n t & Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Ms. Joyce Reid			Date of Receipt
Mailing Address 1675 Terrell Mill Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marietta	State GA	Zip Code	Transaction ID: 14265773
FEC ID number of contributing federal political committee.	C	30067	Amount of Each Receipt this Period  250.00
Name of Employer Georgia Hospital Associat- ion	<del></del>	nd Accountability Specialist,	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 92 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Hospital Association PA	and Statements may not be sold or used by any person g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Kathleen Paul Mailing Address 1100 Ninth Avenu  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer Virginia Mason Medical Center Receipt For:	e  State Zip Code WA 98101-2756  C  Occupation Administrator  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: 14278579  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Patricia Degroodt	250.00	Date of Receipt
Mailing Address  1330 Rockefeller P.O. Box 1147  City  Everett  FEC ID number of contributing federal political committee.  Name of Employer Providence Health System/- NWSA  Receipt For:  Primary  General Other (specify) ▼	State Zip Code WA 98201-1684  C  Occupation Administrator  Aggregate Year-to-Date  250.00	Transaction ID: 14278580  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Ms. Diane Cecchettini, RN, MS Mailing Address 12709 54th Avenu  City  Gig Harbor  FEC ID number of contributing federal political committee.	State Zip Code WA 98332-8853	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 14278581  Amount of Each Receipt this Period  500.00
Name of Employer MultiCare Health System  Receipt For:  Primary  General  Other (specify) ▼	Occupation President and Chief Executive Officer  Aggregate Year-to-Date   500.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 28 / 92 (check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
٦.	Full Name (Last, First, Middle Initial) Ms. Johnese M. Spisso, RN, MPA			Date of Receipt
	Mailing Address 11344 Riviera Place N	IE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14278582
	Seattle	WA	98125-5960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Harborview Medical Center	<del>, '</del>	erating Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	500.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Joseph W. Wilczek	•		Date of Receipt
	Mailing Address 1175 SW 296th Street	į		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14278583
	Federal Way	WA	98023-8251	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Franciscan Health System	Occupation President		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
- ).	Full Name (Last, First, Middle Initial) Mr. Leo F. Greenawalt	I		Date of Receipt
-	Mailing Address 4423 E. Sequim Bay F	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14278584
	Sequim	WA	98382-9679	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Washington State Hospital Association	Occupation President	n and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	CURTOTAL of Descripts This Days (settle 1)			1500.00
F	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 92 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David Jimenez Mailing Address 488 E. Lower Sprin	gboro Road	Date of Receipt
City Springboro	State Zip Code OH 45066-9545	Transaction ID: 14278601  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Catholic Healthcare Partners Receipt For:  Primary  Other (specify) ▼	Occupation Chief Operating Officer  Aggregate Year-to-Date   1000.00	
Full Name (Last, First, Middle Initial) Ms. Patricia R. Goldman Mailing Address 9 Farm Haven Cou	rt	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14278607
Rockville  FEC ID number of contributing federal political committee.	MD 20852-4231	Amount of Each Receipt this Period 500.00
Name of Employer American Hospital Association-Washingt Receipt For:  Primary General Other (specify) ▼	Occupation Senior Associate Director  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Mr. Lowell C. Kruse, FACHE Mailing Address 7300 SE 75th Road	1	Date of Receipt
City Saint Joseph	State Zip Code MO 64507-8073	Transaction ID: 14280108  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Heartland Health	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	L	2500.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)  X 11a 11b 11b 13 14	PAGE 30 / 92  11c 12 15 16 17
or for comm	ation copied from such Reports and St hercial purposes, other than using the DF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any person ress of any political committee to	on for the purpose of solion solicit contributions from	citing contributions n such committee.
\	an Hospital Association PAC				
	ne (Last, First, Middle Initial) ht L. Fine	Dand		Date of Receipt	
	Address 12675 Riviera Heights	Road		06 2	
City		State	Zip Code	Transaction ID: 1	
Holts S		MO	65043-2039	Amount of Each F	Receipt this Period
	number of contributing political committee.	C			111.12
<u>tion</u>	Employer i Hospital Associa-	Occupation Sr. Vice F	President, Health Policy		
Receipt		Aggregate	Year-to-Date ▼	_	
	imary ☐ General her (specify) ♥		666.72		
	ne (Last, First, Middle Initial)  D. Smith			Date of Receipt	
Mailing A	Address 5612 Tanner Bridge Ro	oad		06 2	
City	0''	State	Zip Code	Transaction ID: 1	
<u>Jeffers</u>	-	MO	65101-8275	Amount of Each F	· · · · · ·
	number of contributing solitical committee.	C			111.12
<u>tion</u>	Employer i Hospital Associa-	1	and Chief Executive Office	r	
Receipt	For: imary General	Aggregate	Year-to-Date ▼	,	
	her (specify) ▼		555.60		
	ne (Last, First, Middle Initial) ent J McCorkle, , CHE			Date of Receipt	
Mailing A	Address P O Box 9012			06 2	2 / 2 0 0 7
City	::alal	State	Zip Code	Transaction ID: 1	
<u>Springf</u>		MA	01102-9012	Amount of Each F	Receipt this Period
	number of contributing political committee.	C			250.00
Mercy M	Employer ledical Center		and Chief Executive Office	r	
Receipt		Aggregate	Year-to-Date ▼	,	
	imary ☐ General her (specify) ▼		250.00		
SUBTOTA	L of Receipts This Page (optional)				472.24
	nis Period (last page this line number of		<u> </u>		

SCHEDULE A (FEC Form 3X	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 31 / 92 (check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	)	
Full Name (Last, First, Middle Initial) Mr. Mark H Shuter		Date of Receipt
Mailing Address 272 Hospital Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14282773
Chillicothe	OH 45601-9031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer Adena Health System	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. John E. Callender		Date of Receipt
Mailing Address 2743 Elginfield Roa	d	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14282774
Upper Arlington	OH 43220-4247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Mr. Melvin R Creeley		Date of Receipt
Mailing Address 425 West Fifth Street	et	0 6 1 5 2 0 0 7
City	State Zip Code	Transaction ID: 14282775
East Liverpool	OH 43920-2498	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer East Liverpool City Hospi- tal	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	] ) <b>&gt;</b>	1025.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  Any information copied from such Reports an	for each category of the Detailed Summary Page  d Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 32 / 92 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Cynthia Ann Moore-Hardy  Mailing Address 10 East Washington	n	Date of Receipt  0 6 15 2 0 0 7
City	State Zip Code	Transaction ID: 14282776
<u>Painesville</u>	OH 44077-3460	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lake Hospital System	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Thomas L Sieber		Date of Receipt
Mailing Address 2951 Maple Avenue		06 15 2007
City Zanesville	State Zip Code OH 43701-1406	Transaction ID: 14282777
FEC ID number of contributing federal political committee.	C 45/01-1406	Amount of Each Receipt this Period 250.00
Name of Employer Genesis HealthCare System	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley		Date of Receipt
Mailing Address 257 Clouse Lane		06 15 2007
City <u>Granville</u>	State Zip Code OH 43023-1428	Transaction ID: 14282778  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	625.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>∠</b> <b>\</b> .	Full Name (Last, First, Middle Initial) Mr. John T Gribbin Mailing Address 901 West Main Street	Ctoto	7in Code	Date of Receipt  0 6 2 9 2 0 0 7
	City Freehold	State NJ	Zip Code 07728-2537	Transaction ID: 14285529
	FEC ID number of contributing federal political committee.	C	07726-2337	Amount of Each Receipt this Period 500.00
	Name of Employer CentraState Healthcare System Receipt For:  ☐ Primary ☐ General Other (specify) ▼		on at and Chief Executive Officer e Year-to-Date ▼ 500.00	]
3.	Full Name (Last, First, Middle Initial) Mr. Al Maghazehe Mailing Address 750 Brunswick Avenue			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14285544
	Trenton	NJ	08638-4143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1474.00
	Name of Employer Capital Health System	Occupation Chief Ex	on ecutive Officer	
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1474.00	
_	Full Name (Last, First, Middle Initial) Mr. David P Tilton			Date of Receipt
	Mailing Address 624 Park Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14285562
	Galloway	NJ	08205-6014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer AtlantiCare	Occupation Presiden	on It and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2474.00
	TOTAL This Period (last page this line number of	anly)	•	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas O. Barnes Mailing Address 123 Main Street  City	State Zip Code	Date of Receipt    M   M   D   D   7   Y   Y   Y   Y   Y   Y   Y   Y   Y
Bristol FEC ID number of contributing federal political committee.	CT 06010-6307	Amount of Each Receipt this Period 500.00
Name of Employer Bristol Hospital  Receipt For:  Primary  General  Other (specify) ▼	Occupation Chairman of the Board Aggregate Year-to-Date   500.00	- -
Full Name (Last, First, Middle Initial) Mr. James R. Castle Mailing Address 815 Gatehouse Lan	9	Date of Receipt  0 6 2 9 2 0 0 7
City Columbus  FEC ID number of contributing federal political committee.	State Zip Code OH 43235-1733  C	Transaction ID: 14300293  Amount of Each Receipt this Period  500.00
Name of Employer Ohio Hospital Association  Receipt For: Primary General Other (specify)	Occupation President & Chief Executive Officer  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Ms. Mandy C Goble Mailing Address 205 Palmer Avenue		Date of Receipt  0 6 2 9 2 0 0 7
City Bellefontaine	State Zip Code OH 43311-2298	Transaction ID: 14300294  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mary Rutan Hospital  Receipt For:	Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
SURTOTAL of Receipts This Page (optional	)	1250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 92 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Karen Nelson  Mailing Address 2 Stonehedge Drive  City	State Zip Code	Date of Receipt    M M
Wilmington  FEC ID number of contributing federal political committee.	MA 01887-3190	Amount of Each Receipt this Period 250.00
Name of Employer Massachusetts Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Senior Vice President  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Mr. Matthew D. Williams Mailing Address 615 Elsinore Place		Date of Receipt  0 6 2 9 2 0 0 7
City	State Zip Code	Transaction ID: 14300357
Cincinnati	OH 45202-1459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Catholic Healthcare Partn- ers	Occupation VP, Advocacy and Government Rela	ations
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Michael D Connelly		Date of Receipt
Mailing Address 615 Elsinore Place		0 6 29 Y Y Y Y Y Y
City Cincinnati	State Zip Code OH 45202-1459	Transaction ID: 14300358
FEC ID number of contributing federal political committee.	C 43202-1439	Amount of Each Receipt this Period
Name of Employer Catholic Healthcare Partn- ers	Occupation President and Chief Executive Office	er
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Rudy C. Snedigar		Date of Receipt
Mailing Address 171 SE 3rd Lane		06 29 2007
City	State Zip Code	Transaction ID: 14300389
<u>Lamar</u>	MO 64759-9212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer Barton County Memorial Ho-	Occupation Administrator and CEO	
spital Receipt For:	Administrator and CEO  Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky	L	Date of Receipt
Mailing Address 14607 W 89		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14308005
<u>Lenexa</u>	KS 66215-2967	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.38
Name of Employer Kansas Hospital Associati- on	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Mr. Ronald R Peterson		Date of Receipt
Mailing Address 733 North Broadway,	BRB 104	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14313543
Baltimore	MD 21205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Johns Hopkins Health Syst- em	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		640.38

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 92 (check only one)    X   11a
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements ma name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Martin L Doordan Mailing Address 2001 Medical Parkway			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14313546
	Annapolis  FEC ID number of contributing federal political committee.	C	21401-3280	Amount of Each Receipt this Period  250.00
	Name of Employer Anne Arundel Medical Center Receipt For:  ☐ Primary ☐ General Other (specify) ▼		n t and Chief Executive Office e Year-to-Date ▼ 250.00	r
3.	Full Name (Last, First, Middle Initial) Mr. Carl J Schindelar Mailing Address 9000 Franklin Square [	Or.		Date of Receipt  0 6 2 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 14313547
	Baltimore	MD	21237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Franklin Square Hospital Center	Occupatio Presiden		
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Ms. Christine R Wray			Date of Receipt
	Mailing Address 22302 Bretmar Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14313549
	Leonardtown FEC ID number of contributing federal political committee.	C	20650-2228	Amount of Each Receipt this Period  325.00
	Name of Employer St. Mary's Hospital	Occupatio Presiden	n t and Chief Executive Office	r
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
Γ	SUBTOTAL of Receipts This Page (optional)		<b>)</b>	825.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 92 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PA	C	
Full Name (Last, First, Middle Initial) Ms. Joanne E Pollak, , JD		Date of Receipt
Mailing Address 733 North Broadwa	ay, BRB 104	06 29 2007
City Baltimore	State Zip Code MD 21205	Transaction ID: 14313550  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Johns Hopkins Health Syst- em	Occupation Vice President and General Counsel	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Katie Vaughan		Date of Receipt
Mailing Address 506A East Howell	0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: PR1034595119191
<u>Alexandria</u>	VA 22301-1216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer American Hospital Associa-	Occupation Associate Director	
tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt
Mailing Address 325 Seventh Street Suite 700	, NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1045726219191
<u>Washington</u>	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation VP & Chief Washington Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$39.00 Bi- Weekly)
SURTOTAL of Receipts This Page (options	(le	390.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)  Use separat for each cate Detailed Sur	
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	n using the name and address of any poli	used by any person for the purpose of soliciting contributions tical committee to solicit contributions from such committee.
American Hospital Associati Full Name (Last, First, Middle Initi		
Ms. Sohini Jindal  Mailing Address 325 Seventh	Street, NW	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1125613619191
Washington  FEC ID number of contributing federal political committee.	DC 20004-28 <sup>-</sup>	8 Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Washingt Receipt For:  Primary General Other (specify) ▼	Occupation Senior Associate Direct Aggregate Year-to-Date	····
Full Name (Last, First, Middle Initi Mr. Alex White, Jr. Mailing Address One North F	<u> </u>	Date of Receipt
City	State Zip Code	0 6 3 0 2 0 0 7 Transaction ID: PR1339349919191
Chicago  FEC ID number of contributing	IL 60606-343	Amount of Each Receipt this Period  120.00
federal political committee.  Name of Employer	Occupation	120.00
American Hospital Associa- tion Receipt For:	Account Executive Aggregate Year-to-Date	7
Primary General Other (specify) ▼	Aggregate Year-to-Date	720.00 P/R Deduction (\$58.00 Bi-Weekly)
Full Name (Last, First, Middle Initi	l N	Date of Receipt
Mailing Address 325 Seventh Suite 700	Street, NW	06 30 7 2007
City Washington	State Zip Code DC 20004-28	Transaction ID: PR327629119191  8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004-20	90.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Federa	Relations
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date 1	P/R Deduction (\$39.00 Bi-Weekly)
SUBTOTAL of Receipts This Page	optional)	250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information copied from such Reports	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 40 / 92 (check only one)    X		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association Page 1	ng the name and address of any political committee to	solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson  Mailing Address 107 East Lane		Date of Receipt		
City  Lake Barrington	State Zip Code IL 60010-1939	Transaction ID: PR327727319191  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary General Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  350.00	P/R Deduction (\$39.00 Bi-Weekly)		
Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner Mailing Address 11004 petersboro	ugh Drive	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: PR327745919191		
Rockville	MD 20852-3249	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	Occupation Director, Grassroots Advocacy  Aggregate Year-to-Date   350.00	P/R Deduction (\$39.00 Bi-Weekly)		
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN Mailing Address 325 Seventh Stre	Ms. Pamela Austin Thompson, RN, MSN			
Suite 700		06 30 2007		
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327812019191		
FEC ID number of contributing federal political committee.	C 20004-2018	Amount of Each Receipt this Period  80.00		
Name of Employer American Organization of Nurse Executi Receipt For: Primary General	Occupation Executive Director  Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-		
Other (specify) ▼	695.00	Weekly)		
SUBTOTAL of Receipts This Page (optic	nal)	280.00		

SCHEDULE A (FEC FOITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a				
or for commercial purposes, other  NAME OF COMMITTEE (In Fig. American Hospital Association)	•	tee to solicit contributions from such committee.				
Full Name (Last, First, Middle III  Mr. Mark Seklecki		Date of Receipt				
Mailing Address 325 Seven Suite 700	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327858019191  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	80.00				
Name of Employer American Hospital Associa- tion-Washingt Receipt For:  Primary General Other (specify) ▼	Occupation Vice President, Political Affairs  Aggregate Year-to-Date ▼  520.00	P/R Deduction (\$39.00 Bi-Weekly)				
Full Name (Last, First, Middle In Mr. John F. Barry  Mailing Address One North	, 	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: PR327877819191				
Millis  FEC ID number of contributing federal political committee.	MA 60606-3436	Amount of Each Receipt this Period  86.98				
Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary General Other (specify) ▼	Occupation Regional Executive  Aggregate Year-to-Date ▼  434.96	P/R Deduction (\$39.00 Bi-Weekly)				
	th Street, NW	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y				
Suite 700 City	State Zip Code	0 6 3 0 2 0 0 7 Transaction ID: PR328132819191				
Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 90.00				
Name of Employer American Hospital Associa- tion-Washingt	Occupation President					
Receipt For:  Primary Genera  Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	P/R Deduction (\$39.00 Bi- Weekly)				
SURTOTAL of Receints This Par	e (optional)	256.98				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 92 (check only one)    X   11a
0	for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
_	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
	Mailing Address 204 7th Ave		06 30 2007
	City La Grange	State Zip Code  IL 60525-6406	Transaction ID: PR328136919191  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General	Occupation Sr. Vice President, Member Relations Aggregate Year-to-Date ▼	
	Other (specify) ▼	350.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.	Date of Receipt	
	Mailing Address 13106 Vingle Lane		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328224919191
	Silver Spring	MD 20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice President	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	350.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell	1	Date of Receipt
	Mailing Address 1093 N. Faldo Way		06 30 7 2007
	City	State Zip Code	Transaction ID: PR328241419191
	Eagle	ID 83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	55.56
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  361.14	P/R Deduction (\$20.00 Bi- Weekly)
	CURTOTAL of Possints This Page (antional)	<b>\</b>	255.56

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or	ny information copied from such Reports and Sofor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and address of any political committee	e to solicit contributions from such committee.
. <u>/</u> a.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
	Mailing Address 3475 North Venice Stre	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Arlington	State Zip Code VA 22207-4446	Transaction ID: PR328260919191  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:  Primary General Other (specify) ▼	Occupation Executive Vice President  Aggregate Year-to-Date ▼  520.00	P/R Deduction (\$39.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade  Mailing Address 1221 Cavalier Road		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328310419191
	Arnold  FEC ID number of contributing federal political committee.	MD 21012-2126	Amount of Each Receipt this Period  100.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	Occupation Sr. Vice President, Communication Aggregate Year-to-Date ▼  350.00	P/R Deduction (\$40.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen Mailing Address 4004 N. P. in P		Date of Receipt
	Mailing Address 1001 N. Potomac Stree		06 30 7 2007
	City Arlington	State Zip Code VA 22205-1629	Transaction ID: PR328312719191  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		280.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 92 (check only one)    X   11a
or fo	r information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	American Hospital Association PAC Full Name (Last, First, Middle Initial)			
•	Ms. Lori M. Schor  Mailing Address 325 Seventh Street, NV Suite 700	N		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Washington	State DC	Zip Code	Transaction ID: PR328341819191
Ī	FEC ID number of contributing rederal political committee.	C	20004-2818	Amount of Each Receipt this Period  80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify)		n Political Action & Grassroot e Year-to-Date ▼ 520.00	P/R Deduction (\$39.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court			Date of Receipt
-	City	State	Zip Code	06 30 2007
	Yardley	PA	19067-5736	Transaction ID: PR328511819191  Amount of Each Receipt this Period
i	FEC ID number of contributing federal political committee.	C		95.20
	Name of Employer American Hospital Associa- tion-Chicago	_ '	Executive	
!	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 618.80	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
Ī	Mailing Address 1501 N. Harrison Stree	et		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(	City	State	Zip Code	Transaction ID: PR328512019191
2	Arlington	VA	22205-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt		sident, Media Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi- Weekly)
SU	IBTOTAL of Receipts This Page (optional)		<b></b>	215.20

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 92 (check only one)    X   11a
Aı or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
<u></u>	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1 North Franklin SAtre	et		06 30 7 2007
	City Chicago	State IL	Zip Code 60614	Transaction ID: PR329071319191  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)	<del>, '</del>	n t & COO, Leadership & Busi e Year-to-Date ▼ 350.00	P/R Deduction (\$39.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke	Date of Receipt		
	Mailing Address 325 Seventh Street, N' Suite 700	06 30 4 2007		
	City	State	Zip Code	Transaction ID: PR329084419191
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 43.48
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	1	ssociate Director Executive Personal Property Service (1997)	Br P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Bouleva	ard South		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: PR329215719191
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	, ' <u> </u>	n Executive e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			243.48

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 92 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Cricle We	est		06 30 7 2007
	City Apple Valley	State MN	Zip Code 55124	Transaction ID: PR330475419191  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	_ <del>'                                   </del>	Executive	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe	Date of Receipt		
	Mailing Address 172 Atteridge	0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR330549219191
	Lake Forest  FEC ID number of contributing federal political committee.	C	60045-1715	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa-	Occupatio		-
	tion-Chicago Receipt For:	<del>-                                     </del>	sident, Member Relations e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	1W		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776119191
	Washington  FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 43.48
	Name of Employer American Hospital Associa- tion-Washingt	<del></del>	vocacy & Member Communi	ications
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 282.62	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		163.48

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 92 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
0	ony information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
/	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt
	Mailing Address 26 West Glendale Ave.		06 30 2007
	City <u>Alexandria</u>	State Zip Code VA 22301-2402	Transaction ID: PR331304219191  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.48
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Advocacy and Public Policy	/ Op
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 250.10	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Sr.		Date of Receipt
	Mailing Address PO Box 15587		06 30 2007
	City	State Zip Code	Transaction ID: PR331416019191
	Austin	TX 78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer American Hospital Associa- tion	Occupation Regional Executive	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 777.69	P/R Deduction (\$58.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		06 30 7 2007
	City	State Zip Code	Transaction ID: PR331533219191
	Falls Church FEC ID number of contributing	VA 22046-2613	Amount of Each Receipt this Period
	federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		238.48

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedu for each category of the Detailed Summary Pa	ile(s) he	FOR LINE NUMBER: PAGE 48 / 92 (check only one)    X	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by a dress of any political com	any person to so	for the purpose of soliciting contributions olicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy				Date of Receipt	
	Mailing Address One North Franklin				06 30 2007	
	City	State	Zip Code		Transaction ID: PR346168119191	
	Chicago	IL	60606-3436		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			41.66	
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Executive	n e Director, ASHRM			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 229	0.13	P/R Deduction (\$14.00 Bi- Weekly)	
В.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh				Date of Receipt	
	Mailing Address 325 Seventh Street, NV Suite 700	V			06 30 2007	
	City	State	Zip Code		Transaction ID: PR517619719191	
	Washington	DC	20004-2818		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			78.40	
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Vice Pres	n sident Executive Bran	nch Relati		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		490	0.40	P/R Deduction (\$39.00 Bi- Weekly)	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	120.06
TOTAL This Period (last page this line number only)	<b>•</b>	36596.86

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 92 (check only one)  11a 11b 11c X 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federa	al	Date of Receipt
Mailing Address 1215 K Street Suite 800		06 15 2007
City <u>Sacramento</u>	State Zip Code CA 95814	Transaction ID: 14249942  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00237495	25000.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 101000.00	Contribution
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED P.	AC	Date of Receipt
Mailing Address One Empire Drive		06 15 2007
City	State Zip Code NY 12144	Transaction ID: 14249960
Rensselaer FEC ID number of contributing federal political committee.	NY 12144 C C00160259	Amount of Each Receipt this Period  15000.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	Contribution
Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal		Date of Receipt
Mailing Address Post Office Box 8600		0 6 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 14266160
Harrisburg FEC ID number of contributing federal political committee.	PA 17105-8600 C C00128082	Amount of Each Receipt this Period  10000.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 35000.00	
SUBTOTAL of Receipts This Page (optional)		50000.00
, ( ( ( ( ( (.		50000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 92 (check only one)  11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B.  Mailing Address 1400 G Street, NW  City	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Washington  FEC ID number of contributing federal political committee.  Name of Employer	DC C Occupation	20005	Amount of Each Receipt this Period  330.87
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 2057.32	Bank Interest

		_				·
SUBTOTAL of Receipts This Page (optional)	<u> </u>	<u></u>	_		-	330.87
TOTAL This Period (last page this line number only)	<b>•</b>					330.87

		EDULE B (FEC FOIII 3X)		Use separate schedule(s)		S(S)   (check o		R LINE			PAGE 51 / 92			92	
IT	EMIZED DI	MIZED DISBURSEMENTS			category of the Summary Page			21b 27	22 28a	Х	23 28b	24 280		25 29	
Ar	v Information copi	ed from such Reports	and Statem	ents mav n	ot be sold or used	d bv	LL anv			urpo				_	$\blacksquare$
		rposes, other than usi													
$\backslash$	NAME OF COM	, ,													
/	American Hos	pital Association P	AC												
	Full Name (Last, Hawkeye PAC	First, Middle Initial)										1423	8788	3	
	памкеуе РАС								M	М	oisburse / D	D /	Y Y	′ Y _	Υ
	Mailing Address	P.O.Box 7255							0 6		0	4	. 2	0 0 7	
	City Des Moines			State IA	Zip Code 50309				Amo	unt c	of Each	Disburs	emen	t this F	eriod
	Purpose of Disbu	ursement		<u> </u>	30309	_	v						50	00.00	)
	2007 Contribution	n					Q1 <sup>-</sup>	1							
	Candidate Name Hawkeye PAC						ateg Typ	•							
	Office Sought:	House	Disburse						2007	' Co	ntribut	tion			
		Senate President		Primary Other (spe	General				2007	-					
	State:	District:		Otrici (Spe	Scriy) \										
		First, Middle Initial)	•						Tran	sact	ion ID:	1423	8789	)	
	Judd Gregg C	ommittee									isburse		V .	, , , , ,	. V
	Mailing Address	PO Box 1812							o <sup>™</sup> €	М	<sup>′</sup> 0	<sup>D</sup> 4	ž	0 ŏ 7	Y
	City Concord			State NH	Zip Code 03302				Amo	unt c	of Each	Disburs	emer	t this F	erioc
	Purpose of Disbu	ursement		1411	00002		_						10	00.00	)
	2010 Contribution	n				L	Ņ1								
	Candidate Name Sen. Judd Gre						ateg Typ	-							
	Office Sought:	House	Disburse		2010				2010	) Co	ntribut	tion			
		X Senate President	X	Primary Other (spe	General										
	State: NH	District:		Otrici (Spe	Solly) \										
	,	First, Middle Initial)							Tran	sact	ion ID:	1423	8790	)	
	Jerry Weller F	or Congress Inc.									isburse				
	Mailing Address	P.O. Box 2368							0 6	М <b>Б</b>	<sup>′</sup> 0	4 /	ž	0 ŏ 7	Y
	City			State	Zip Code				Amo	unt c	of Each	Disburs	emen	t this F	erioc
	Joliet			IL	60434								10	00.00	)
	Purpose of Disbu Contribution	ırsement					01	1		_			10	00.00	,
	Candidate Name Rep. Gerald C						ateg Typ	ory/							
	Office Sought:	χ House	Disburse	ment For:	2008		712		Cont	ribu	tion				
		Senate	X	Primary	General				JUIII	ııbu	1011				
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Full Name (Last, First, Middle Initial) Graves For Congress								on ID: sburse	-	4238 nt	792			
Mailing Address 2345 Grand Suite 2400					(	06	/	<sup>D</sup> 0	) <b>4</b>	/ Y	ž	o ŏ	7 <sup>Y</sup>	
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Mailing Address P.O. Box 540186							0 <sup>M</sup> 6	М	D (	5 5	/	Ž	0 0	7 <sup>Y</sup>	
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	Candidate Name Rep. Candice S. Miller  Office Sought: X House Senate President  State: MI District: 10  Full Name (Last, First, Middle Initial)  Bennett Election Committee Inc  Mailing Address 175 South Wes  City Salt Lake City  Purpose of Disbursement 2010 Contribution  Candidate Name Sen. Robert F. Bennett	X Primary Other (sp	General decify)   Zip Code 84101	Type	Transaction ID: 14244473 Date of Disbursement  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
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NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Patrick Murphy For Congress		Transaction ID: 14244475 Date of Disbursement
Mailing Address P.O. Box 868		06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Levittown	State Zip Code PA 19058	Amount of Each Disbursement this Perio
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Full Name (Last, First, Middle Initial) Nadler For Congress		Transaction ID: 14244476 Date of Disbursement
Mailing Address Village Station PO Box	40	06 0 0 0 0 0 7
City New York	State Zip Code NY 10014	Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Pete King For Congress Committee		Transaction ID: 14244477 Date of Disbursement
Mailing Address Post Office Box 1428		06 0 5 7 2 0 0 7
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Mailing Address 1071 Turin Branch Lane					o <sup>M</sup> 6	М	/ D	1 <b>1</b>	/ Y	ž	o ŏ	7 <sup>Y</sup>
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City Indianapolis	State Zip Code IN 46204				Amo	unt c	f Each	n Dis	sburse	men	t this	Period
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NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Matsui For Congress  Mailing Address PO Box 1738  City State Zip Code CA 95812  Purpose of Disbursement Contribution Candidate Name Rep. Doris Matsui  Committee To Re-Elect Loretta Sanchez  Office Sought: X House Subtraction Pace  Subtraction District: 47  Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez  Office Sought: X House Subtraction President State: CA District: 47  Full Name (Last, First, Middle Initial) Compace of Disbursement Candidate Name Rep. Loretta Sanchez  Office Sought: X House Subtraction District: 47  Full Name (Last, First, Middle Initial) Compace of Disbursement Candidate Name Rep. Loretta Sanchez  Office Sought: X House Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) Compace of Disbursement Candidate Name Rep. Loretta Sanchez  Office Sought: X House Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial) Compace of Disbursement Contribution  State: CA District: 47  Full Name (Last, First, Middle Initial) Contribution  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate President Contribution  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate President Contribution  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate President Contribution  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate President Contribution  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate President Contribution  Candidate Name Rep. John M. Spratt, Jr.  Office Sought: X House Senate Rep. John M. Spratt, Jr.  Office Sought: X House Senate Rep. John M. Spratt, Jr.  Office Sought: X House Senate Rep. John M. Spratt, Jr.  Office Sought: X House Senate Rep. John M. Spratt, Jr.  Office Sought: X House Senate Rep. John M. Spratt, Jr.	ITEMIZED DISBURSEMENTS	for each category of the	check onli	22 X 23 24 25	П
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Full Name (Last, First, Middle Initial)			Transaction ID: 1427	 7505			
Congressman Waxman Campaign Commi	ttee		Date of Disbursement	V - V - V			
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	Mailing Address PO Box 28					0 <sup>M</sup> 6	М	/ D	1 :	3 /	Y 2	0 ŏ 7	, <sup>Y</sup>
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	Mailing Address 320 First Street, SE						M				Ý Ž	0 ŏ 7	, <sup>Y</sup>
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Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress			Transaction ID: 14291463 Date of Disbursement
Mailing Address P.O. Box 11519			06 7 21 7 2007
City Charleston	State Zip Code WV 25339		Amount of Each Disbursement this Perio
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	Purpose of Disbu Contribution Candidate Name	rsement				011 tegory			• •		10	00.00	
	Rep. Thomas I					Гуре	"						
	Office Sought: State: NY	X House Senate President District: 26	1	ent For: rimary ther (spe	2008 General			Contr	bution				
	Full Name (Last,	First, Middle Initial) Congress Commi	ttee					Date of	of Disbur		96196		
	Mailing Address	PO Box 360						0 6	M / D	29 <sup>D</sup>	y y	0 ŏ 7	Y
	City Prescott		Sta AF		Zip Code 71857			Amou	nt of Ead	h Disbur			-
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	Candidate Name Rep. Michael A		1 5			tegory Type	//						
	Office Sought:	X House Senate President	I	ent For: rimary ther (spe	2008 General			Void o	of 5/07	check			
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			OR LIN			R:			PA	AGE	83 /	92					
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American Hospital Association PAC																		
Full Name (Last, First, Middle Initial) Gordon Smith for U.S. Senate						Trans				14296 nent	3211	]						
Mailing Address 5285 SW Meadows Roa	d, Suite 181					0 <sup>M</sup> 6	М	/ D	2 6	3 /	Ź	o ŏ	7 <sup>Y</sup>					
City Lake Oswego	State Zip Code OR 97035					Amou	int o	f Each	n D	Disburse	emer	nt this	Period					
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Candidate Name Sen. Gordon Smith			ate	egory/ ype														
X Senate President	e Sought:  X Senate President  President  Disbursement For: 2008 Primary X General Other (specify) ▼  Other (specify) ▼								Contribution									
Full Name (Last, First, Middle Initial) Friends Of John Tanner						Date	of D	isburs	en		3216	3	_					
Mailing Address Post Office Box 1994						0 <sup>M</sup> 6	М	/ D 2	2 6	<b>3</b> / [	Ž	o ŏ	7 <sup>¥</sup>					
City Union City	State Zip Code TN 38281					Amou	int o	f Each	n C	isburse	-							
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Candidate Name Rep. John S. Tanner				egory/ ype														
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Mailing Address PO Box 6220						0 <sup>M</sup> 6	М	′	2 6		2	0 0	7					
City Des Moines	State Zip Code IA 50309					Amou	int o	f Each	n D	isburse								
Purpose of Disbursement Contribution			0	11				-			1(	0.00.0	0					
Candidate Name Rep. Leonard L. Boswell				egory/ ype														
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	(Last, First, Middle Initial) of John Barrow								ID: 1 urseme		3429		
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Mailing Add	dress PO Box 1961						0 <sup>M</sup> 6	M /	<sup>D</sup> 2 6		ž	o Ď 7	Y
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					ed by any perso	n for the purpose of soliciting	contributions
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$\rangle$	NAME OF COM American Hos	MITTEE (In Full) pital Association P	AC				
	Full Name (Last, Giffords For C	First, Middle Initial) congress				Transaction ID: 143 Date of Disbursement	
	Mailing Address	PO Box 12886				06 / 26 /	y žo v 7
	City Tucson		State AZ	Zip Code 85732	1	Amount of Each Disbu	• • • • •
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	Candidate Name Rep. Gabrielle	Giffords			Category/ Type		
	Office Sought:	X House Senate President	Disbursement Fo  X Primary  Other (			Contribution	
	State: AZ	District: 08 First, Middle Initial)					
	Loebsack For	•				Date of Disbursement	
	Mailing Address	PO Box 1457				06 06 7	<sup>*</sup> 2007
	City Iowa City		State IA	Zip Code 52244		Amount of Each Disbu	• • • • •
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	Candidate Name Rep. Dave Loc				Category/ Type		
	Office Sought:	X House Senate President	Disbursement Fo  X Primary  Other (		•	Contribution	
	State: IA	District: 02 First, Middle Initial)				Transaction ID: 143	14040
	Friends Of Jim	•				Date of Disbursement	
	Mailing Address	586 Orange Str	eet			06 26	y žo v 7
	City Macon		State GA	Zip Code 31201		Amount of Each Disbu	
	Purpose of Disbu				011	L	1000.00
	Candidate Name Rep. Jim Mars			Category/ Type			
	Office Sought:	X House Senate President	Disbursement Fo  X Primary  Other (s		•	Contribution	
	State: GA	District: 08					

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	NE NUMBER: PAGE 86 / 92				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22   X   23   24   25   26   28a   28b   28c   29   30				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) American Hospital Association PAC							
Full Name (Last, First, Middle Initial) Perlmutter For Congress			Transaction ID: 14314556 Date of Disbursement				
Mailing Address 3440 Youngfield St #264			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y & Y \\ Z & O & O & T \end{bmatrix}$				
•	State Zip Code CO 80033		Amount of Each Disbursement this Period				
Purpose of Disbursement Contribution Candidate Name Rep. Edwin Perlmutter		011 Category/ Type	1000.00				
Office Sought: X House Disburse	ment For: 2008 Primary General Other (specify)	Турс	Contribution				
Full Name (Last, First, Middle Initial) Sestak For Congress			Transaction ID: 14314707 Date of Disbursement				
Mailing Address P.O. Box 16			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G & G \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{bmatrix} \end{bmatrix}$				
,	State Zip Code PA 19063		Amount of Each Disbursement this Period				
Purpose of Disbursement Contribution Candidate Name Rep. Joe Sestak		011 Category/ Type	1000.00				
Office Sought:  X House Senate President State: PA District: 07	ment For: 2008 Primary General Other (specify)		Contribution				
Full Name (Last, First, Middle Initial) Zack Space For Congress Committee			Transaction ID: 14314786  Date of Disbursement				
Mailing Address 123 West High Avenue			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \Big/ \begin{bmatrix} \begin{smallmatrix} D & D & G \\ D & G & G \end{smallmatrix} \Big] \Big/ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & O & Y \\ Q & Q & O & Y \end{smallmatrix} \Big]$				
	State Zip Code OH 44663		Amount of Each Disbursement this Period				
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Candidate Name Rep. Zachary Space		Category/ Type					
Office Sought:  X House Senate President State: OH District: 18	ment For: 2008 Primary General Other (specify)		Contribution				
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						erson for the purpose of soliciting contributions to solicit contributions from such committed.			
\	NAME OF COM	·		,,,,					
	Full Name (Last, Tim Walz For	First, Middle Initial) Us Congress				Transaction ID: 14314880 Date of Disbursement			
	Mailing Address	PO Box 938		06 7 26 7 200	Ď7 <sup>°</sup>				
	City Mankato		State MN	Zip Code 56002		Amount of Each Disbursement thi	-		
	Purpose of Disbu	ırsement			011	1000	.00		
	Candidate Name Rep. Timothy	Walz			Category Type	y/			
	Office Sought:	Senate President	Disbursement For:  X Primary  Other (sp	2008 General recify)		Contribution			
	State: MN	District: 01 First, Middle Initial)							
	Mcnerney For					Transaction ID: 14315036 Date of Disbursement	, , , , ,		
	Mailing Address	6520 Village Parky Second Floor	vay		06 06 7 26 7 200	Ď 7 Ť			
	City Dublin		State CA	Zip Code 94568		Amount of Each Disbursement thi	s Perio		
	Purpose of Disbu	ırsement			011	1000	.00		
	Candidate Name Rep. Jerry Mc				Category Type	y/			
	Office Sought:	Senate President	Disbursement For:  X Primary Other (sp	2008 General ecify)		Contribution			
	State: CA Full Name (Last.	District: 11 First, Middle Initial)				Transaction ID: 14315128			
		Elect Gary Ackerman	ı			Date of Disbursement	v * v		
	Mailing Address	100 Jericho Quadi Suite 233	angle			06 / 26 / 200	7		
	City Jericho		State NY	Zip Code 11753		Amount of Each Disbursement thi			
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	Candidate Name Rep. Gary L. <i>I</i>	Ackerman			Category Type	ry/			
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SCHEDULE B (FEC Form 3X)	Use sepa	Use separate schedule(s)			-	LINE NUMBER: PAGE 88 / 92 k only one)									
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NAME OF COMMITTEE (In Full)															
American Hospital Association PAC															
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	:	14315	210			
Gillibrand For Congress								Date of Disbursement							
Mailing Address P.O. Box 15734							0 6		້ _ ້2	2 6		2	o ŏ	7	
City Washington	State DC	Zip Code 20003					Amou	nt o	f Each	ı D	isburse	-	-		od
Purpose of Disbursement Contribution			Г	C	)11							20	0.00	0	
Candidate Name Rep. Kirsten Gillibrand					egory/ ype										
Office Sought:  X House Senate President State: NY District: 20	rsement For:  X Primary Other (spe	2008 General					Contri	ibut	ion						
Full Name (Last, First, Middle Initial)				_		+	T		ID:		14015	200			
Ellen Tauscher For Congress							Date o		isburs	em				V	
Mailing Address 20 Park Road Suite E							0 6		້ _ ້2	2 6		2	o ŏ	7	
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Purpose of Disbursement Contribution				Ç	)11							10	0.00	0	
Candidate Name Rep. Ellen O. Tauscher					egory/ ype										
Office Sought:  X House Senate President State: CA District: 10	x Sement For: X Primary Other (spe	2008 General ecify)					Contri	ibut	ion						
Full Name (Last, First, Middle Initial) M-PAC									on ID:		14315	456	}		
Mailing Address 3417 Fremont Ave N Suite 400							0 <sup>M</sup> 6	М	<sup>/</sup> 2	2 7	? / Y	2	0 Ŏ	7 <sup>Y</sup>	
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	y Information copied from such Reports and St for commercial purposes, other than using the				
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		, , , , ,		
	Full Name (Last, First, Middle Initial) The Madison PAC				Transaction ID: 14315548 Date of Disbursement
	Mailing Address 235 State Street #206				$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} V \\ $
	City Springfield	State MA	Zip Code 01103		Amount of Each Disbursement this Perio
	Purpose of Disbursement 2007 Contribution			011	5000.00
	Candidate Name The Madison PAC  Office Sought: House Disk	oursement For:		Category/ Type	
	Senate President	Primary Other (spe	General ecify) ▼		2007 Contribution
	State: District:  Full Name (Last, First, Middle Initial)  Doggett For Us Congress				Transaction ID: 14316477 Date of Disbursement
	Mailing Address 1157 San Bernard				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ & & Z & T \end{smallmatrix} \end{bmatrix} \ \begin{smallmatrix} Y & \begin{smallmatrix} Y & Y & Y & Q & O & T \\ & & & Z & O & O & T \end{smallmatrix} \end{bmatrix}$
	City Austin	State TX	Zip Code 78702		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Lloyd Doggett			Category/ Type	
	Office Sought:  X House Senate President State: TX District: 25	oursement For:  X Primary  Other (spe	2008 General ecify)		Contribution
	Full Name (Last, First, Middle Initial) Sanford D. Bishop Jr. For Congress				Transaction ID: 14316618 Date of Disbursement
	Mailing Address P. O. Box 909				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & D & D & M \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D & D & D & M \end{bmatrix}$
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	City Columbus	State GA	Zip Code 31902		
	Columbus Purpose of Disbursement Contribution			011	1000.00
	Columbus Purpose of Disbursement Contribution Candidate Name Rep. Sanford D. Bishop, Jr.	GA	31902	011 Category/ Type	1000.00
	Columbus Purpose of Disbursement Contribution Candidate Name Rep. Sanford D. Bishop, Jr.		2008 General	Category/	1000.00  Contribution

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		y any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) John Salazar For Congress			Transaction ID: 14317096 Date of Disbursement
Mailing Address PO Box 534			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \\ E \\ E & E \\ E \\ E & E \\ E \\ E & E \\ E & E \\ E \\ E & E \\ $
City Pueblo	State Zip Code CO 81002		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. John T. Salazar		Category/ Type	
	ement For: 2008 Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 14317295
Stephanie Tubbs Jones For U.S. Congress	3		Date of Disbursement
Mailing Address 3729 Silsby Rd			0 6 M / 2 8 / Y Y Y O O 7 Y
City University Heights	State Zip Code OH 44118		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Stephanie Tubbs Jones		Category/ Type	
	ement For: 2008 Primary General Other (specify)		Contribution
State: OH District: 11			
Full Name (Last, First, Middle Initial) Betty Sutton For Congress			Transaction ID: 14317495 Date of Disbursement
Mailing Address 1700 W. Market St. #155	i		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O \end{smallmatrix} \end{bmatrix} $
City Akron	State Zip Code OH 44313		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Betty Sutton		Category/ Type	
Senate X President	ement For: 2008 Primary General Other (specify)		Contribution
State: OH District: 13			
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	3000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 91 / 92
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Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 14346632 Date of Disbursement
Mailing Address Ste. 001			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$
City Chicago	State Zip Code IL 60679		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Service Fee Candidate Name		001 Category/	4.50
	sement For: Primary General Other (specify) ▼	Type	Merchant Service Fee
Full Name (Last, First, Middle Initial) Merchant Bankcard			Transaction ID: 14346634  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1601 Elm Street			06 04 2007
City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Service Fee Candidate Name		001 Category/	80.40
	sement For: Primary General Other (specify) ▼	Type	Merchant Service Fee
Full Name (Last, First, Middle Initial)			Transaction ID: 14346635
Merchant Bankcard  Mailing Address 1601 Elm Street			Date of Disbursement  O 6
	7: 0 1		
City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Service Fee		001	103.75
Candidate Name		Category/ Type	
Senate President	sement For:  Primary General  Other (specify) ▼		Merchant Service Fee
State: District:			

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## **SCHEDULE B (FEC Form 3X)**

Senate

District:

President

FOR LINE NUMBER: PAGE 92/92 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 14346638 American Express Date of Disbursement 05 0 6 2007 Mailing Address Ste. 001 City State Zip Code Amount of Each Disbursement this Period IL 60679 Chicago 49.41 Purpose of Disbursement Merchant Service Fee 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Merchant Service Fee General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 14346639 Citibank, F.S.B. Date of Disbursement 19 0 6 2007 Mailing Address 1400 G Street, NW City State Zip Code Amount of Each Disbursement this Period 20005 Washington DC 47.06 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Bank Fee

General

SUBTOTAL of Disbursements This Page (optional)	•	96.47
TOTAL This Period (last page this line number only)	•	285.12

Primary

Other (specify)

State: